

June 9, 2003

RE: **MDR Tracking #: M2-03-0981-01**

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is board certified in neurosurgery. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 41 year-old male who sustained a work related injury on ___. The patient reported that while at work he was sliding material to the end of his truck when he fell off the back of his truck landing on his head and back. The patient reported experiencing immediate pain. The diagnoses for this patient included pseudoarthrosis L4-5 fusion, lumbar radiculopathy bilateral, severe, left recurrent disc herniation and arachnoiditis at L4-5. The patient has been treated with exercises, heat, massage, physical therapy, TENS unit and a brace. The patient has also undergone lumbar spine surgery due to this injury on 12/28/01. The patient is also status post back surgery in 1996.

Requested Services

Discogram of the lumbar spine.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 41 year-old male who sustained a work related injury to his back on ___. The ___ physician reviewer also noted that the diagnoses for this patient included pseudoarthrosis L4-5 fusion, lumbar radiculopathy bilateral, severe, left recurrent disc herniation and arachnoiditis at L4-5. The ___ physician reviewer further noted that the treatment for this patient has included exercises, heat, massage, physical

therapy, TENS unit and a brace. The ____ physician reviewer indicated that this patient is also status post back surgery in 1996. The ____ physician reviewer explained that there is minimal literature supporting the use of discography. The ____ physician reviewer also explained that there is no clear ability of the discogram to pinpoint low back pain. Therefore, the ____ physician consultant concluded that the requested discogram of the lumbar spine is not medically necessary to treat this patient's condition.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,